

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS			DOD COMPONENT
THE PRIVACY ACT OF 1974. AUTHORITY: 37 U.S.C. 406 (Military); 5 U.S.C. 5724 (Civilian). THE PRINCIPAL PURPOSE: Application for transportation-in-kind of dependents with CONUS used as an authority to issue transportation requests in absence of dependent travel orders. ROUTINE USES: Used in lieu of dependent travel orders by transportation offices to issue transportation requests within CONUS. VOLUNTARY: However, if information is not furnished, transportation would not be furnished.			
NAME OF APPLICANT (Last, First, MI)		RANK	GRADE
			FILE or SERVICE NO./SSN
SHIP OR STATION			
NAME OF DEPENDENT FOR WHOM TRANSPORTATION IS REQUESTED (Last, First, MI)		RELATIONSHIP* (Adopted son, step-dau., etc.)	DATE OF BIRTH (Children) (YYMMDD)
			LOCATION AT TIME OF RECEIPT OF ORDERS** (City, State)
*If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below.			
PRESENT ADDRESS OF DEPENDENTS (Street Address, City, State and ZIP Code)			
OLD PERMANENT STATION		NEW PERMANENT STATION	DATE OF ORDERS (YYMMDD)
TRANSPORTATION REQUESTED (FROM) (City, State)		(TO) (City, State)	(VIA) (ROUTE) (City, State)
DATE OF DEPARTURE (YYMMDD)	BY (Air, Rail, etc.)	FOR TRAVEL OUTSIDE THE U.S., IS GOVERNMENT AIR TRANSPORTATION ACCEPTABLE FOR YOUR DEPENDENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
**If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.			
I CERTIFY THAT TRANSPORTATION FOR PERSONS LISTED ABOVE, WHO WERE MY DEPENDENTS ON THE EFFECTIVE DATE OF APPLICABLE ORDERS, IS BEING REQUESTED WITH THE INTENT OF ESTABLISHING A BONA-FIDE RESIDENCE. I FURTHER CERTIFY THAT I HAVE NOT MADE APPLICATION OR SUBMITTED CLAIM FOR TRANSPORTATION OF MY DEPENDENTS ON THIS CHANGE OF STATION EXCEPT AS FOLLOWS:			
I CERTIFICATE OF PROOF OF DEPENDENCY	(Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.) I CERTIFY THAT MY DEPENDENT(S) (Relationship) _____, NAMED ABOVE, IS/ARE IN FACT DEPENDENT UPON ME AND THAT A CERTIFICATE OF DEPENDENCY WAS APPROVED BY THE APPROPRIATE AGENCY, I FURTHER CERTIFY THAT THERE HAS BEEN NO CHANGE IN THE CONDITIONS OF DEPENDENCY SINCE THE CERTIFICATE WAS APPROVED. (NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)		
II CERTIFICATE OF RESIDENCE OF PARENT	(Required for a dependent parent in addition to I.) I CERTIFY THAT MY DEPENDENT(S) (Relationship) _____, IS/ARE RESIDING AS A MEMBER OF MY HOUSEHOLD AND WILL RESIDE AS A MEMBER OF MY HOUSEHOLD ESTABLISHED INCIDENT TO THIS CHANGE OF STATION.		
III CERTIFICATE FOR STEPCHILD	(Required for a step child in addition to I.) I CERTIFY THAT (Name of child's other parent) _____, THE MOTHER/FATHER OF THE STEPCHILD/STEPCHILDREN NAMED ABOVE, WAS MY LEGAL SPOUSE ON THE EFFECTIVE DATE OF APPLICABLE ORDERS.		
DATE (YYMMDD)	SIGNATURE OF APPLICANT		